

Hurricane Katrina Disaster Relief Campaign

You can also give on-line at <https://donor.united-e-way.org/?campaign=katrina>

Social Security Number (required for payroll deduction)	FIRST Employee Name	MI	LAST

PLEASE TYPE OR PRINT LEGIBLY, USING A BALL POINT PEN (press hard).

GIFTS THROUGH THIS SPECIAL CAMPAIGN, **WHICH IS IN ADDITION TO THE REGULAR STATE EMPLOYEES CAMPAIGN**, CAN *ONLY* BE GIVEN THROUGH PAYROLL DEDUCTION. PLEASE INDICATE BELOW THAT YOU WANT TO AUTHORIZE A PAYROLL DEDUCTION AND HOW YOU WOULD LIKE US TO DO IT, THEN COMPLETE SECTION D TO TELL US WHAT **DISASTER RELIEF ORGANIZATION(S)** SHOULD RECEIVE YOUR GIFT.

A. ☐ MONTHLY PAYROLL DEDUCTION THROUGH DECEMBER 2005 in the amount of \$.00*
*Please complete Section C for the designation(s) you wish to receive your contribution.
This payroll deduction will be IN ADDITION to any other payroll deductions.

OR

B. ☐ ONE-TIME DEDUCTION (FROM MY DECEMBER PAYCHECK) in the amount of \$.00*

C. I authorize the STATE CONTROLLER to process the payroll deduction above.

SIGNATURE REQUIRED (INK ONLY)

DATE

D. DESIGNATION(S) TO THE SPECIFIC ORGANIZATIONS ASSISTING WITH DISASTER RELIEF.

I wish to make the following designation(s):

DISASTER RELIEF ORGANIZATIONS	AMOUNT (PER MONTH or ONE-TIME) (\$2 minimum per organization)	DISASTER RELIEF ORGANIZATIONS	AMOUNT (PER MONTH or ONE-TIME) (\$2 minimum per organization)
1. Alabama Governor's Emergency Relief Fund	\$	6. Mississippi Hurricane Recovery Fund	\$
2. American Red Cross Hurricane Katrina Relief	\$	7. Salvation Army Hurricane Katrina Relief	\$
3. AmeriCares Hurricane Katrina Relief	\$	8. United Way of America Hurricane Katrina Response Fund	\$
4. Bush-Clinton Katrina Fund	\$	9.	\$
5. Louisiana Disaster Recovery Foundation	\$	10.	\$

In the blank spaces provided above, you may add contributions to additional charitable organizations engaged in Hurricane Katrina relief efforts. We recommend that you research any charitable organization to which you contribute. You can find information online at the charitable giving section of the California Attorney General's website (http://caag.state.ca.us/charities/charit_giving.htm).

\$

TOTAL MONTHLY DESIGNATION(S)
(MUST EQUAL THE AMOUNT
SHOWN IN ITEM A)

E. I authorize my contributions to be distributed as stated above.

SIGNATURE REQUIRED (INK ONLY)

DATE

If you wish to have your donation acknowledged, please provide your home address below.

Street _____ City _____ State _____ Zip Code _____
()
Phone Number _____ Email Address _____

Please forward this form to:
State Controller Steve Westly
Payroll Deductions Unit
300 Capitol Mall, 10th Floor
PO Box 942850
Sacramento, CA 94250-5878

If you want to make a monthly contribution (through December 2005), you must submit this special pledge form to the Controller's Office (or pledge online) no later than November 16, 2005.

If you want to make a one-time contribution from your December paycheck, you can do that online now, or you can submit this special pledge form to the Controller's Office between November 16 and December 16, 2005. One-time pledges using this form will not be accepted until November 16, 2005.